

60/107,269

60/107,151



Please type a plus sign (+) inside this box + +

DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION

PTO/SB/01 (12-97) Approved for use through 9/30/00. OMB 0651-0032

Bodnar

supplemental priority data sheet

PTO/SB/02B attached hereto.

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

COMPLETE IF KNOWN

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. SF/0021.06 Attorn y Docket Number

First Named Inventor

(37 CFR 1.63) Application Number 09/369,812 August 6, 1999 Filing Date ☐ Declaration ☑ Declaration Unassigned OR Submitted Submitted after Initial Group Art Unit Filing (surcharge with Initial (37 CFR 1.16 (e)) Filing **Examiner Name** Unassigned required) As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Enhanced Companion Digital Organizer for a Cellular Phone Device the specification of which (Title of the Invention) is attached hereto \boxtimes was filed on (MM/DD/YYYY) 08/06/1999 as United States Application Number or PCT International Application Number (if applicable). 09/369.812 and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed. **Priority** Certified Copy Attached? **Prior Foreign Application** Foreign Filing Date Country (MM/DD/YYYY) Not Claimed Number(s) YES NO Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Application Number(s) Filing Date (MM/DD/YYYY) 08/20/1998 Additional provisional application 60/097,239 numbers are listed on a 11/04/1998

[Page 1 of 2]

11/04/1998

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DEC	LAI	RATION	<u> </u>	<u>- บเ</u>	шту	or I	<u>Je</u>	sigi	<u>n</u>	rate	nt <i>P</i>	7 bb	licatio	<u>n</u>
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.														
U.S	S. Pare	nt Applicatio Numbe		PCT P	arent		Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)			
09/071,7	32							01/19						
09/071,7	48						05/	01/19	98					
09/098,6	34						06/	16/19	98					
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.														
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number Customer Number Customer Number Bar Code														
			X	<i>OR</i> Registe	_		name	e/registra	tion	number lis	ted belo	<u>" L</u>	Lahel he	
	Name	· _ ·			Registi Num					Nam	е			stration mber
C. George	C. George Yu 43													
Additional i	registered	practitioner(s) n	amed o	n suppl	ementai	Registere	d Pra	ctitioner	Infor	mation she	et PTO/	SB/02C	attached her	eto.
Direct all corr	esponde			ner Nur Code L						OR	X C	orrespo	ondence add	ress below
Name	C. Ge	eorge Yu												
Address	Starf	ish Softwa	are,	Inc.			_							
Address	1700	Green Hil	ls Ro	oad										
City	Scott	s Valley					١	State	CA	_	ZIP	9506	56	
Country				Те	lephon	e (831	L) 4	161-59	962		Fax	(83	1) 461-59	900
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.														
Name of S	ole or F	irst Invento	r:					A petit	ion l	has been	filed fo	r this u	insigned inv	entor
G	<u>iven Nar</u>	ne (first and m	iddle [i	f any))			Family Name or Surname							
Eric		0.					В	odnar						-
Inventor's Signature		<i>i</i> -			1	1	1	<u>((2)</u>	<u> </u>				Date	10-21-
Residence:	City	Santa Cri	12	\subseteq	State	CA	\perp	Country	<u>, </u>	U.S.			Citizenship	U.S.
Post Office A	Address	111 34th	Aver	nue					_					
Post Office A	Address										,		<u>, </u>	
City		Santa Cruz	State	CA		ZII		95062			Cou	intry	U.S.	
	l invento	rs are being n	amed o	on the	1_su	pplemen	tal A	dditiona	al Inv	ventor(s)	sheet(s) PTO	/SB/02A atta	ched here

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page ___ of 1

Name of Addition	nal Joint Inventor, if an	y:	A petition has been filed for this unsigned inventor									
Given Nar	me (first and middle [if any		Family Name or Surname									
Shekhar		Kirani										
Inventor's Signature	2 Miles	なら					Date	i	0/21/99			
Residence: City	Capitola	State	CA		Country	U.S.		Citizens	hip I	ndia		
Post Office Address	109 Washburn Aven	109 Washburn Avenue										
Post Office Address												
City	Capitola	State	CA		ZIP	95010	Country	U.S.		,		
Name of Addition	nal Joint Inventor, if an	y:		A petition has been filed for this unsigned inventor								
Given Na		Family Name or Sumame										
Philippe	R. / / Kahn											
Inventor's Signature	1/1/			_		Dat	te	10/20/99				
Residence: City	Scotts Valley	State	CA		Country	U.S.		Citizer	nship	U.S.		
Post Office Address	333 Spreading Oak	cs Driv	<i>r</i> e									
Post Office Address												
City	Scotts Valley	State	CA		ZIP	95066	Coun	try Ü	.s.			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor							ventor					
Given Name (first and middle [if any])					Family Name or Sumame							
									•			
Inventor's Signature		· · · · · · · · · · · · · · · · · · ·			Da	te						
Residence: City			Country Citizenship									
Post Office Address												
Post Office Address		_	,									
City		State			ZIP		c	ountry				

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

a valid OMB control number.

Utility or Design Patent Application

United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.	S. Pare	Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)							
09/071,7	32	Num				05/01/1998					Таррпосс		
09/071,7	48					05/	01/199	8					
09/098,6	34					06/16/1998							
Additional	U.S. or F	CT internation	al applica	tion numbers are	isted or	n a sup	plemental	priority data	a sheet P	TO/SB/02	2B attached h	ereto.	
As a named inventor, I hereby appoint the following registered practitioner and Trademark Office connected therewith: Customer Number OR Registered practitioner(s										▶ [all business Place Custo Number Bar Label he	omer Code	
	Nam	e		Registi Num	ration			Nar			Registration Number		
C. George Yu				43,301		-							
Additional	registered	d practitioner(s)	named o	n supplemental	Register	ed Prac	ctitioner Inf	ormation st	neet PTO	/SB/02C	attached here	eto.	
Direct all corr	Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below												
Name	C. Ge	eorge Yu	orge Yu										
Address	Starf	ish Soft	ware,	Inc.					-,		· · · · · · · · · · · · · · · · · · ·		
Address	1700	Green Hi	lls Ro	oad									
City	Scott	s Valley				9	State CA ZIP 950			9506	6		
Country				Telephon	e (83	1) 4	61-596	2	Fax	(831) 461-59	00	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of S	ole or f	irst Invent	or:				A petition	n has beer	n filed fo	r this un	nsigned inve	entor	
G	iven Nar	me (first and i	middle (i	f any])		\perp		Fam	ily Name	or Surr	name		
Eric		0.			_	Bo	dnar						
Inventor's Signature				5)-1	<u>/</u>	1,	روس				Date	11-21-4	
Residence:	City	Santa C	ruz	State	CA		Country	U.S.			Citizenship	U.S.	
Post Office A	ddress	111 34t)	n Aven	iue									
Post Office A	Address			, 									
City		Santa Cruz	State	CA	Zi	P S	5062		Cou	untry	υ.s.		
X Additiona	l invento	ors are being	named o	on the 1 sur	nolemer	ntal Ar	iditional I	nventor(s)	sheet(s	a PTO/S	SB/02A atta	ched hereto	

valid OMB control number.

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Valid OMB Control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page ___ of _1_

F										
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										ventor
Given Na	me (first and middle [if an		Family Name or Surname							
Shekhar			Kirani							
Inventor's Signature	-7x Mach	j.					Date		네고네란	
Residence: City	Capitola	State	CA		Country	U.S.		Citizens	,	ndia
Post Office Address	109 Washburn Aver	109 Washburn Avenue								
Post Office Address	e Address									
City	Capitola	State	CA	<u></u>	ZIP	95010	Country	U.S.		
Name of Addition	nal Joint Inventor, if a	ny:			A petitio	on has been file	ed for th	is unsigr	ned in	ventor
Given Na	Family Name or Surname									
Philippe	R. A Kahn									
Inventor's Signature	1)//			Date 10/2						10/20/99
Residence: City	Scotts Valley*	State	CA		Country	U.S.		Citizen		U.S.
Post Office Address	333 Spreading Oa	ks Driv	<i>r</i> e							
Post Office Address										
City	Scotts Valley	State	CA		ZIP	95066	Count	iry Ū.	s.	
Name of Addition	nal Joint Inventor, if ar	ıy:			A petitio	on has been file	d for thi	s unsign	ed inv	rentor
Given Nar	me (first and middle [if any	y])		Family Name or Surname						
Inventor's Signature							Dat	e		
Residence: City		Country								
Post Office Address							-			
Post Office Address										
City		State			ZIP		Co	ountry		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

a valid OMB control number.

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains



DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

□ Declaration Submitted with Initial Filing

OR

☑ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Nur	nber	SF/0021.06				
First Named Inv nto	r	Bodnar				
COMPL	ETE II	F KNOWN				
Application Number	09/:	369,812				
Filing Date	August 6, 1999					
Group Art Unit	Una					
Examiner Name	Unassigned					

As a below named inventor, I hereby declare that:											
	My residence, post office address, and citizenship are as stated below next to my name.										
		•		net and injust invagent (it alves)							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
Enhanced Companion Digital Organizer for a Cellular Phone Device											
the specification of which (Title of the Invention)											
is attached hereto	is attached hereto										
OR X was filed on (MM/DE	08/06/	1999 as United	d States Applicat	tion Number or PCT International							
Application Number 0.0											
		as amended on (MM/DD/Y)	,	(if applicable).							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.											
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.											
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.											
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO							
			0000	0000							
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:											
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.											
Application Number(s) Filing Date	(MM/DD/YYYY)									
60/097,239	08/20/1998		Addition	onal provisional application							
60/107,269	11/04/1998		numbers are listed on a supplemental priority data sheet								
60/107.151	11/04/1998		• • •	SB/02B attached hereto.							

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.